



SOUTH SUDAN

Food Security & Livelihoods Cluster

Strengthening Humanitarian Response



FSL Cluster Meeting, Juba

*29th April, 2020:
COVID-19 & HRP2020
Revision*

Virtual Room

From Ebola: IEC materials for use by partners



What everyone needs to know about Ebola



Ebola is a serious disease which affects human beings and wild animals (monkeys, gorillas, and chimpanzees). An outbreak has been ongoing in the Democratic Republic of the Congo since August last year and recently confirmed cases were recorded in Uganda raising the concern of its possible spread to neighbouring countries including South Sudan.

HOW DO PEOPLE GET EBOLA?
Human beings get Ebola through direct contact with the body fluids such as blood, saliva, tears, stool, vomitus, urine, and semen of infected persons or animals and contaminated materials (e.g. bedding, clothing).



WHO IS MOST AT RISK?
Everyone is at risk but most especially those who have recently traveled to affected areas in DRC or Uganda and been in contact with sick people (health workers, mortuaries who have direct contact with the dead bodies of infected people), and hunters while handling infected wild animals.

SIGNS & SYMPTOMS

Ebola enters the body through the mouth, nose and eyes or a cut in the skin



HIGH FEVER



HEADACHE



RED EYES



BODY PAIN



STOMACH PAIN



VOMITING



LOSS OF APPETITE



SKIN RASH

GENERAL ADVICE



WASH YOUR HANDS

with soap clean water



USE PROTECTIVE CLOTHING

when caring for a sick person



AVOID EATING 'BUSH' MEAT

Also avoid eating fruits that bats have partly eaten.



DO NOT SHARE SHARP OBJECTS

such as needles, razor blades, etc.



DO NOT TOUCH CARCASSES

Avoid handling wild animals especially monkeys, chimpanzees, antelopes and bats

EBOLA IS A SERIOUS DISEASE BUT CAN BE PREVENTED IF YOU FOLLOW THE ADVICE GIVEN

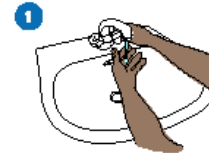


FOR MORE INFORMATION CONTACT
UN CLINIC: 0920694193
UNMISS CLINIC: 0912170207

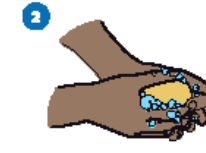
Adapted from World Health Organization: WHO & Ministry Of Health

Hand Washing

Wash hands with soap and water for 20-30 seconds. If hands are dirty, wash hands with soap and water, not with hand sanitizers, for 40-60 seconds. Use hand sanitizer or chlorinated water, if soap and water are not available.



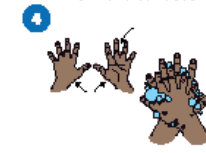
Wet hands with water.



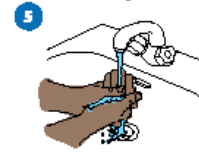
Apply enough soap to cover all hand surfaces.



Rub hands together and scrub everywhere.



Wash the front and back of your hands and in between your fingers.



Rinse hands with water.



Dry hands completely using a single use towel or air dry.

When to Wash Hands


- After using the latrine
- After changing diapers or cleaning a child who has used the latrine
- After blowing your nose, coughing, or sneezing
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound






Adapted from World Health Organization: WHO






To COVID-19 IEC materials for use by partners










**PROTECT YOURSELF, YOUR FAMILY
AND COMMUNITY FROM CORONAVIRUS** 

-  **Wash your hands** frequently with soap and water
-  **Don't shake hands**
-  **Avoid close contact** with anyone
-  **Cover your mouth** and **nose** with tissue or cough and sneeze into your flexed elbow
-  **Stay home** and **avoid travel** when you have flu like symptoms




For more information: Call Ministry of Health, South Sudan
TOLL FREE NUMBER 6666

 World Health Organization  South Sudan Red Cross  unicef for every child


**CORONAVIRUS
DISEASE** 
SIGNS & SYMPTOMS

-  **Fever**
-  **Dry cough**
-  **Difficulty in breathing**
-  **Tiredness**

For more information: Call Ministry of Health, South Sudan
TOLL FREE NUMBER 6666

 World Health Organization  South Sudan Red Cross  unicef for every child

Agenda



- 1. Brief talking points on PSEA during epidemics & pandemics - Viola**
- 2. Context update COVID 19 in Africa, the Region & South Sudan -Paulina**
 - Food Security & Markets context update (Lia WFP)
 - FSL needs analysis for the COVID 19 addendum
 - The COVID 19 caseload & target locations
- 4. COVID 19 scenario planning - Alistair**
- 5. IEC materials and messaging - RCCE TWG (Viola to confirm)**
- 6. FSLC preparedness & response plan - Alistair**
 - Re-prioritization of existing HRP projects (no change in funding or caseload)
 - New COVID 19 addendum project options Deadline Thursday April 30th;
- 7- FSLC update:**
 - Desert Locust evolving situation - ATWG (Benson / Viola)
 - SSHF update - Multi (Isaac) & Single (Viola) cluster planning with
 - update on pre positioning ahead of main season response

Reminder on Protection from Sexual Exploitation and Abuse.



- all cluster members to ensure that you have a national level policy on Protection from Sexual Exploitation and Abuse (PSEA). International / global policies are a good start, but must be localized to ensure that country specific realities are well covered.
- Please also ensure, with urgency, that all your staff, including community structures such as PMCs, are trained and familiar with their roles and responsibilities to prevent and report any SEA.
- Lessons learnt from other health epidemics, including EVD, have shown that frontline health workers and responders, including nutrition staff, are a high risk for exploitation and abuse so we must act now, as a matter of urgency, to prevent this.⁵



COVID-19 in Africa

Cases
33,273

Deaths
1,467

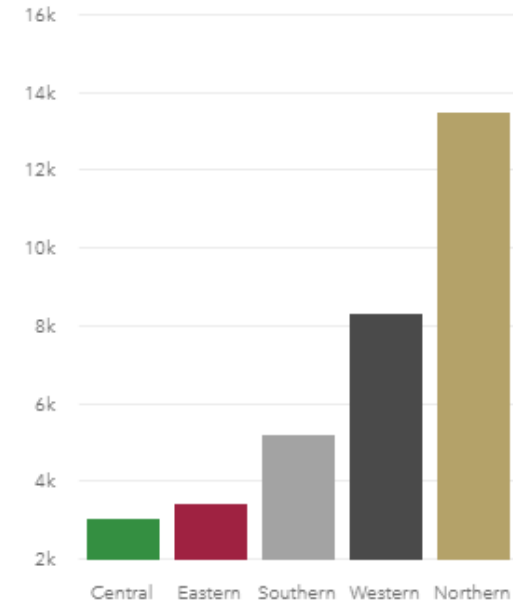
Recoveries
10,091



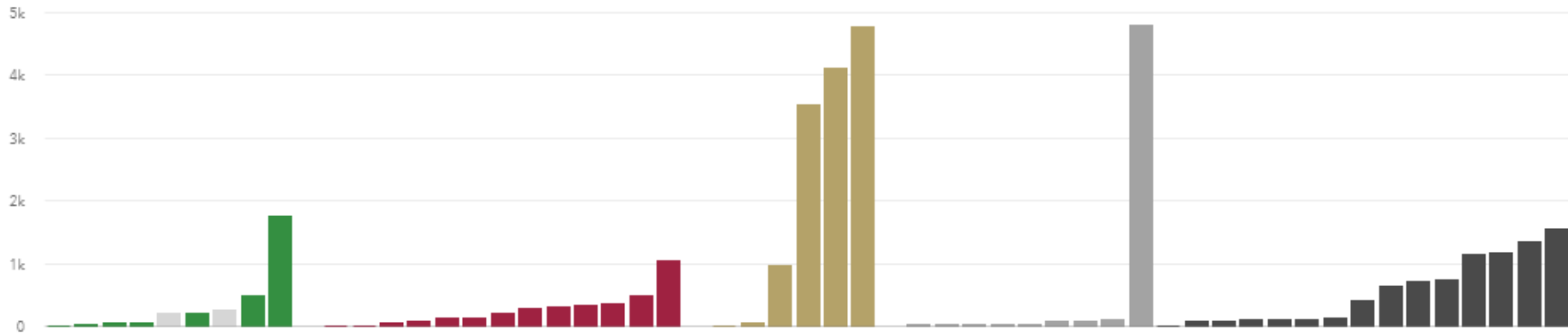
Map of Cumulative Cases

Map Legend

Citation



Cases by Region



Hover over bars for country-specific data

Cases by Country

Deaths by Country

Recoveries by Country

COVID-19 in Africa

- In the last week alone, there has been a **43% jump in the number of reported COVID-19 cases** in Africa
- WHO warned that the continent may become the next epicenter of COVID-19, as more countries on the continent are seeing the virus spread to regions beyond the densely-populated capital cities
- There is a **critical shortage of treatment facilities** for critical cases of COVID-19 in Africa
- Recent analysis by the WHO found there are **less than 5,000 beds in intensive care units available for COVID-19** patients across 43 African nations, which is about **5 beds per one million people** in the reported countries compared to 4,000 beds per one million people in Europe
- African Union has established a COVID-19 Response Fund to direct resources to bolster the continent's response

**Any Questions and Comments for Viola and Paulina
Send them in the chat box.**



**We will read your questions and comments after Lia's (VAM- WFP)
presentation**

Update from the NAWG scenario planning

Risk of COVID-19 Spread

- Expect **rapid increase in new cases within 3-6 weeks**. Trend analysis (45 African countries) reporting cases (24 March) suggests all reach 1,000 cases by end May, and 10,000 cases after a few more weeks.
- **Statistical modeling** suggests South Sudan cases reach **more than half the 11million population**.
- Impact on South Sudanese population most severe in region due to **protracted humanitarian crisis, displaced populations, weak public health capacities**, and **longstanding vulnerabilities** including **severe food insecurity**

Risk of Economic Consequences

- Potential for widespread **job loss or economic recession** given high dependence on oil revenue
- **Reduction in national revenue** from original 2020 projections
- **Rise in market prices** as well as cost of living combined with lack of payment of wages for people in formal positions

Likely Scenario

- **Supply chains for goods**, both medical and non-medical, likely to be **strained or heavily reduced**
- **Capacity to isolate** cases will not keep up with **growth of COVID-19 cases**
- COVID messaging to inform people in **densely populated settings about transmission risks** may have little actual impact on people's decisions to voluntarily leave those areas to less congested locations
- Populations likely will **not follow restrictions** on movement (cross-border or state-to-state) – especially to carry out regular livelihoods
- Populations likely will **not drastically change daily routines/** behavior to adhere to **social distancing** orders
- Delivery of other **non-COVID-19 health services will be under increasing strain** due to the expected high volume of COVID-19 patients, leading to the compromise of regular health services during rainy season
- **Humanitarian assistance case loads may increase** as populations become increasingly vulnerable direct & indirect impacts of COVID-19

NAWG: emerging Intersectoral Vulnerabilities I

Population Movement

- Due to **high reliance on seasonal or livelihood-based migration**, movement restrictions will likely force households to choose between (1) livelihood movements that increase their chance of catching or spreading COVID, or (2) limit access to food and lead to the use of negative coping strategies, further exacerbating food insecurity.
- Fear of COVID may drive **movement out of major cites into villages** (urban > rural) leading to the further spread of COVID to vulnerable areas.

Conflict

- Spread of **harmful rumours and increasing climate of fear** around COVID may lead to falsely-informed or dangerous practices, discrimination between groups, or trigger conflict in communities.
- Ongoing **inter-communal conflict** in counties and displacement could lead further spread or increased vulnerability to COVID
- **Decrease in access to resources**, including humanitarian assistance, could also lead to increased ICV

Food Insecurity and Climatic Shocks

- **Upcoming rainy season** could increase likelihood of comorbidity of COVID with common seasonal diseases.
- **Spread of locusts** in some areas could further deteriorate food insecurity, limiting access to livelihood activities, and food.
- Other **seasonal climatic shocks**, including flooding or drought, could lead to increased vulnerability and distress migration, while movement restrictions may prevent access to coping strategies e.g. seen during the 2019 flood (pockets of phase 5 HHs)

NAWG: emerging Intersectoral Vulnerabilities II

Intersectoral Needs

- Restrictions of internal flights and road-movement, leading to the **reduction in the provision of aid, services, and programming** will likely reduce access to food and life-saving support in vulnerable communities and further weaken immune systems
- Mobility restrictions combined with the actual spread of COVID may lead to **new emerging intersectoral vulnerabilities**, both in areas that have existing intersectoral vulnerabilities, and in new areas that are not typically targeted for life-saving assistance (for example, some **urban areas**)
- The **disruption of life-saving services, including Health, WASH, and Nutrition**, may also lead to increased vulnerability, risk of increased co-morbidities, and future acute malnutrition and increased food insecurity in certain areas
- The potential inability to access **critical preventative measures** (handwashing, soap, chlorine etc.) could lead to increased risk of rapid spread of the virus

Markets

- Closure of markets will have a negative impact on **market-dependent populations**, particularly as we move into the lean season when a higher proportion of the population is dependent on markets
- Border closures and internal movement restrictions will **impact supply chains**, causing prices to rise and goods to become unavailable, and **impact the livelihoods of traders**

Humanitarian Assistance

- Reduction in humanitarian assistance due to reduced humanitarian access would lead to increased vulnerability of populations that are highly reliant on humanitarian aid

Summary of the FSLC COVID & DL response strategy:

- **Life-saving food assistance complemented by livelihood support** contributing towards HRP SO1 (1) **direct impacts:** adopting special measures in our distributions and community engagement to prevent the spread and transmission of COVID 19; and (2) **indirect impacts:** using the program instruments under CO1 (food assistance) and CO2 (livelihood support) to address the exacerbated rise in food insecurity and disruption to livelihoods brought about by COVID 19
- **Collective top priority** to address the, existing, unprecedentedly high food insecurity across the country; likely to worsen as a consequence of effect from both COVID 19 and Desert Locusts;
- **Additional resources** requested = approx.. \$120 million; \$80 million for special social safety net envelope to support WFP;
- **Step 1:** FSLC original PiN = 6.35 million IPC 3+ with focus on CO1 (food assistance) and CO2 (livelihood support) that **MUST be maintained** no change to caseload of funding allocation;
 - **Re-prioritize existing projects** in the existing HRP that cannot be fully implemented in 2020;
- **Step 2:** COVID 19 addendum targets **additional 2.1 million persons across urban and rural locations** in South Sudan due to the newly emerging vulnerabilities
 - **New COVID 19 or DL projects;** note partners will need to engage in ‘aggressive resource mobilization’ in the current challenging funding environment (current HRP is only 13% funded to date!!);
- Partner activities are then to be monitored, through to the end of the year, through **three different 5W tools:** original HRP; the new COVID 19 5W & the new DL 5W tool;

Targeting the new COVID caseloads – focus on life saving (HRP SO1) & FSL CO1 & CO2

New rural caseload = 1.05 million

- Vulnerability targeting criteria based on the community perception of need
- Those not already receiving food assistance/ livelihood support – BMR
- Market dependent
- NOT those already receiving assistance

New urban caseload = 1,05 million: urban poor residing in 19 urban centers in South Sudan especially Juba

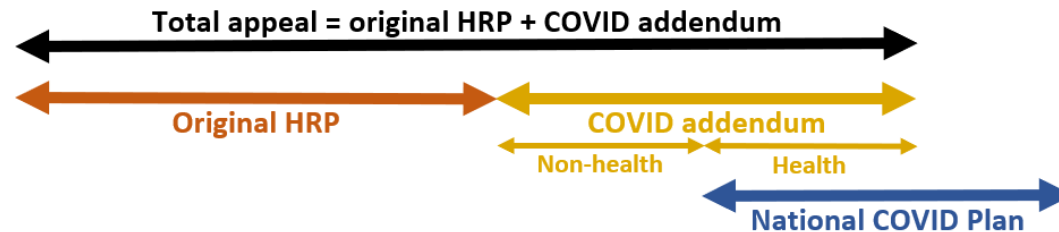
- Excludes 30% already covered by existing urban social safety net programs
- Use community vulnerability targeting criteria – include elderly, those chronic sick, child HH, the extreme poor;
- Intra urban targeting (various poor neighborhoods): casual labor, petty trade & NOT already targeted;
- Use existing community structures e.g. Project Management Committees who can tell you already who is receiving support; or small trader association;
- Consider multi sector targeting criteria not just FSL (food insecurity/ loss income/ loss employment): PLW/ women HH/ elderly HH; lacking shelter/ clean water/ especially lacking kinship support/ minority or marginalized groups etc.

Step 1: existing HRP

Food Security and Livelihoods (FSL)						NON-COVID MODIFICATIONS (Category A- Interventions already included in the original HRP)	COVID ENLARGEMENTS (Category B & C: New additional humanitarian interventions by HRP partners related to COVID-19 for Health and Non health issues)			Revision Comments <i>Describe the changes i.e. why the project/activity is no longer feasible or what are the new additional target cover with what activities</i>	
Project Number	Cluster/Sector	Project Title	Organizations	Original Budget	Funded_Project - FTS as of 16/04/2020	Revised non-Covid Budget	Revised non-Covid Target Beneficiaries	Additional Covid Budget	Additional Covid Target Beneficiaries	Is additional Covid activity part of PRP or Not?	
159347	Food Security ar	Emergency Food Ass	Charity and Em	288,000							
159476	Food Security ar	Provision of timely Li	Relief Corps Oi	270,000							

- Unable to implement project – then withdraw;
- Or **re-prioritize**: no change in caseload or funding allocation
- What can be implemented as planned in the original HRP? – Complete Category A
- Anything that cannot then use the available caseload and funding unused in Category B & C
- E.g. CO3 training & capacity building then re-prioritize:
 - Must be in the same county
 - Use SSHF \$30 per HH unit price
 - Health – IEC materials & handwashing etc;
 - Non – health usual FSL support CO1 & CO2

Linking Revised HRP and the National COVID Plan



Step 2: New COVID 19 or DL project

Add Covid or Non-Covid NEW interventions of existing projects as follow: add the requirements with minimal information for organizations and sector.

Organisation	Description of interventions	Geographical coverage	Activities	Target Beneficiaries	Budget (USD\$)	Non-Covid (A), Covid-Not-PRP (B), or Covid-PRP (C)?

- Must be from the NEW target caseload:
 - Rural 1.05 million people – see Excel spreadsheet
 - Urban 1.05 million people – from the 19 urban centers
- Must be in the same county (where you have partner presence) or Urban Juba with existing activities;
- Use SSHF \$30 per HH unit price
- Health – IEC materials & handwashing etc.; we do not do frontline healthcare in FSL Submit that through Health cluster!!
- Non – health usual FSL support CO1 & CO2
- Total budget for South Sudan \$300 million; if 43% as per HRP max we can expect is \$130 million;
- Will help if you already have donors briefed:
 - Planned/ funded (very good %)/ and likely to be implemented;

